



Administered by: _____

Date: ____ / ____ / ____

Childhood Lead Risk Questionnaire

For assessing lead exposures in children.

- Instructions: 1. Ask the child's parent or guardian the following questions and mark their responses.
 2. If guardian answers **YES** or Don't Know (**D/K**) to any question, test the child for lead as soon as possible.

Child's Name: _____

Date of Birth: ____ / ____ / ____ Age: ____ years

Gender (circle one): **MALE** **FEMALE**

Provider's Name: _____

Please answer **YES**, Don't Know (**D/K**) or **NO** to the following questions:

- | | YES | D/K | NO |
|---|--------------------------|---|---|
| 1. Does your child live in or visit homes, day care centers or other buildings built before 1978? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does your child live in or visit homes, day care centers or other buildings with recent repairs or remodeling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does your child eat or chew on non-food substances such as paint chips or dirt? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has anyone who lives in the same home as your child previously had an elevated blood lead level? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is your child a foreign adoptee, refugee or has your child recently travelled internationally? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does your child eat wild game such as moose, caribou or waterfowl that has been shot with lead bullets? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does your child come in contact with a person whose job or hobby includes any of the following: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Chemical preparation • Valve and pipe fittings • Brass/Copper foundry • Refining furniture • Making fishing weights • Lead smelting • Welding | | <ul style="list-style-type: none"> • House construction or repair • Battery manufacturing or repair • Burning lead-painted wood • Automotive repair shop or junk yard • Going to a firing range or reloading bullets • Radiator repairs • Pottery making | <ul style="list-style-type: none"> • Mining • Use of lead-containing aviation gas in airplanes or snow-machines |
| 8. Does your family use foreign or traditional products such as imported pottery, health remedies, skin care creams, spices, or foods? These include: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Cosmetics such as kohl, surma, and sindor • Imported or glazed pottery, imported candy, and imported nutritional pills or vitamins • Traditional medicines such as ayurvedic, greta, azarcon, alarcon, alkohl, bali goli, coral, ghasard, liga, pay-loo-ah and rueda • Foods canned or packaged outside the U.S. | | | |

For more information, please contact:

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